**School Counseling Informed Consent Form**

**Fort Dorchester High School**

The school counseling program at Fort Dorchester High School offers short-term individual and group counseling to all students. Parents/guardians or school staff may refer students for counseling, or students may request counseling.

My name is Sarah Gibson, I am a licensed school counselor certified by the state of South Carolina. It is a privilege to serve your student, community and this school as a school counselor at Fort Dorchester High School.

In order to build trust with the child, I will keep information confidential, with some possible exceptions. Because these services are provided to minor children in the school setting, I understand that I may share information with parents/guardians, the child’s teacher, and/or administrators or school personnel who work with the child on a need to know basis, so that we may better assist the child as a team. I am also required by law to share information with parents or others in the event the child is in danger of harm to self or others. The counselor will make the child aware of these limits to confidentiality and will inform the child when sharing information with others. If you would like me to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician, you will need to sign an additional release of information form.

As a school counselor it is my responsibility to provide quality care to your student. In order to ensure that quality of care is being provided consultation with a colleague may be necessary. During this consultation, every effort will be taken to protect the identity of your child.

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I have read the information above with the school counselor. The school counselor discussed each of the following items and I understand the information that is contained in this document. I give my consent to the terms of this document and agree to enter into a counseling relationship.

Client’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

I have discussed and explained the above information with the client.

Counselor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_